



The chart below provides an overview of the medical plans available to UNH Lecturers United employees. See the next page for biweekly payroll deductions for each plan. Detailed summaries for all plans are available at [MyBenefits.USNH.edu](http://MyBenefits.USNH.edu) under the **Library** link.

Costs shown in the chart are the amounts **you** pay for health care coverage and services, unless otherwise noted.

	Open Access Plus Health Savings Account		Open Access Plus 500/1000		Open Access Plus 200/400	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Health Savings Account Employer Contribution</b>	Employee only: \$750 All other coverage levels: \$1,500		N/A	N/A	N/A	N/A
<b>Annual Deductible:</b> The amount you generally pay each calendar year for covered services before the plan starts paying benefits.						
<b>Employee Only</b>	\$1,500	\$3,000	\$500	\$1,000	\$200	\$400
<b>All Other Coverage Levels</b>	\$3,000	\$6,000	\$1,000	\$2,000	\$400	\$800
<b>Annual Out-of-Pocket Maximum:</b> A limit on the total amount you pay each calendar year for covered services (deductibles, copays, and coinsurance).						
	Combined Medical and Prescription Drugs		Medical Only		Medical Only	
<b>Employee Only</b>	\$3,000	\$6,000	\$3,000	\$6,000	\$1,500	\$1,500
<b>All Other Coverage Levels</b>	\$6,000	\$12,000	\$6,000	\$12,000	\$3,000	\$3,000
Medical Benefits						
<b>Preventive Care</b>	No charge	Deductible, then 30%	No charge	Deductible, then 20%	No charge	Deductible, then 20%
<b>Doctor's Office Visit</b>	Deductible, then 10%	Deductible, then 30%	PCP: \$15 copay Specialist: \$30 copay	Deductible, then 30%	PCP: \$10 copay Specialist: \$25 copay	Deductible, then 20%
<b>Hospital Inpatient</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	Deductible <b>plus</b> \$200 copay	Deductible, then 20%
<b>Hospital Outpatient</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	Deductible <b>plus</b> \$50 copay	Deductible, then 20%
<b>Emergency Room</b>	Deductible, then 10%		\$100 copay, waived if admitted		\$75 copay, waived if admitted	
<b>High Tech Radiology</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	Deductible <b>plus</b> \$50 copay	Deductible, then 20%

	Open Access Plus Health Savings Account		Open Access Plus 500/1000		Open Access Plus 200/400	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Mental Health and Substance Abuse Treatments</b>						
<b>Inpatient</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	You pay 30%	Deductible <b>plus</b> \$200 copay	You pay 20%
<b>Outpatient</b>	Deductible, then 10%	Deductible, then 30%	\$15 copay	You pay 30%	\$10 copay	You pay 20%
<b>Prescription Drug Benefits</b>						
<b>Annual Prescription Drug Out-of-Pocket Maximum</b>						
	Combined Medical and Prescription Drugs		Prescription Drugs Only		Prescription Drugs Only	
<b>Employee Only</b>	\$3,000	\$6,000	\$1,500	\$1,500	\$1,500	\$1,500
<b>All Other Coverage Levels</b>	\$6,000	\$12,000	\$3,000	\$3,000	\$3,000	\$3,000
<b>Retail Tier 1 / Tier 2 / Tier 3</b>	Deductible, then \$5 / \$25 / \$50 copay*		\$5 / \$25 / \$50 copay		\$5 / \$25 / \$40 copay	
<b>Mail-Order Tier 1 / Tier 2 / Tier 3</b>	Deductible, then \$10 / \$50 / \$100 copay*		\$10 / \$50 / \$100 copay		\$10 / \$50 / \$80 copay	

\*In the Open Access Plus HSA, prescription drugs are subject to the in-network deductible. That means you pay the first \$1,500 of expenses (if you have Employee Only coverage) or the first \$3,000 of expenses (for all other coverage levels) before you begin to pay copays for prescription drugs.

<b>2021 Biweekly Payroll Deductions*</b>				
	Employee	Employee + Spouse	Employee + Child/Children	Family
<b>Open Access Plus HSA</b>	\$20.70	\$83.85	\$65.22	\$148.04
<b>Open Access Plus 500/1000</b>	\$49.58	\$152.11	\$118.31	\$235.49
<b>Open Access Plus 200/400</b>	\$77.54	\$228.98	\$178.10	\$306.53

\*Assumes 100% time and 26 pay periods.

## NOTICE THE PLAN DIFFERENCES!

- Premiums and deductible amounts
- Open Access Plus 500/1000 and Open Access Plus 200/400 Plan benefits are paid starting when each family member meets his/her individual deductible; for the Open Access Plus Health Savings Account Plan, the full annual deductible or out-of-pocket maximum must be met before the plan starts paying benefits
- Prescription drug coverage: deductible required under the Open Access Plus Health Savings Account Plan

Every effort has been made to ensure that the information on this Medical Plan Comparison and Cost Summary is accurate. If, however, there is any discrepancy between this summary and the SPDs, plan documents, and/or any USNH policy, the applicable plan document, or USNH policy shall govern.

Effective January 1, 2021